

No syringing, pus so inodorous. Parts readjusted; sutures; compound antiseptic dressing (carbolic, boracic and sal alembroth); temp. rose to 101° on second night; then fell to normal and remained so.

Vomited a little for a day or two. Aphasia, etc., gradually passed away.

January 5th. (26 days after operation) The paralysis, or rather paresis, had apparently disappeared, but the grip was still deficient on the right side, viz: 90-100. The fundi oculi, examined by Mr. Brudenell Carter, showed no trace of hæmorrhage, and swelling of disc had almost vanished.

Such is the history (in abstract) of this excellent example of an interesting class of cases, now shown to be amenable to surgical treatment of a kind not very difficult or dangerous.

C. B. KEETLEY (London).

II. Fracture of the Larynx; Emphysema of the Neck; Laryngotomy—Death. By F. H. BARENDT (Booth.).—The patient [age not stated] was a foot-ball player, and during the course of the game he received a violent blow over the trachea from a man's elbow. He was admitted suffering from stridulous dyspnea; speech was painful and voice husky. Expectored blood-stained phlegm; subcutaneous emphysema of neck on both sides. Handling the thyroid caused great pain, and while doing so crepitus could be felt on the left side. Punctures were made to let out the air and relieve the tension of the tissues, and the dyspnea was relieved by this procedure. The symptoms, however, subsequently increased in severity, and suffocation being imminent, laryngotomy was performed. During the operation, which was difficult, owing to the inflated condition of the parts, it was found that the left ala of the thyroid was fractured, but not separated completely from its fellow. The lower margin of the left alar cartilage was divided, and the knife was inserted here and prolonged downward, cutting through the crico-thyroid membrane. Immediately air had free access, and the patient quickly became intelligible. A Bryant's tracheotomy tube was inserted and the patient placed under a steam tent. The case progressed favorably upon the

whole for a few days, but in the end died of septic pneumonia, as was discovered at the postmortem examination.—*Lancet*, March 3, 1888.

H. PERCY DUNN, (London).

III. A Danger in the Prolonged use of a Silver Tracheal Tube. By DR. ST. SVCZ. ZALESKI. (Dorpat.)—A silver tracheotomy tube was brought to Dr. Zaleski which had been in the trachea of a patient for about two years, and during that time had never been removed. "Of the tube there only remained, owing to the solvent action of the contents of the air passages, the merest shell, in appearance like a kind of coarse cobweb." His explanation is that the chloride in the secretions acts on the silver, forming a chloride of silver, and this is dissolved by the alkaline secretions containing ammonia and cyanides. Dr. Zaleski is unaware if the patient suffered from agyria.

H. H. TAYLOR (London).

IV. A Case of Gastrostomy for Malignant Stricture of the Œsophagus. By A. M'PHEDRAN, M. B. (Toronto, Ont.)—A woman, æt. 41, had presented symptoms of cancer of the œsophagus, with resulting stricture, which finally after eighteen months began to interfere with alimentation to such an extent that starvation was imminent. The operation was done in two stages with an interval of ten days. At the first operation the stomach was brought to the abdominal opening and fastened with harelip pins according to the method of Macnamara. Ten days later, the stomach having become thoroughly adherent to the wound, the viscus was opened with a narrow tenotomy knife. The operation was successful in relieving the imminent danger of death from hunger and thirst, but the morbid processes continued, the patient eventually falling into a decline and dying from an attack of hypostatic pneumonia six months and eighteen days after the operation,—*Canadian Practitioner*, July, 1887.

JAMES E. PILCHER (U. S. Army).

CHEST AND ABDOMEN.

I. Cases of Stomach-Resection in Billroth's Clinic During 1887. By DR. F. SALZER (Vienna). This is a comprehensive